## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pa								
	art I		Identification Information	n				
For o	calenda	ar plan year 2013 or fis	scal plan year beginning 01/0	01/2013	and ending	12/31/	2013	
<b>A</b> T	This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
Вт	This ret	turn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths	)	
<b>C</b> (	Check I	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
			special extension (enter des	scription)				
Pa	rt II	Basic Plan Info	rmation—enter all requested i	information				
1a	Name	of plan				1b	Three-digit	
DIGIT	AL ME	EDIA SOLUTIONS, LLC	2 401(K) RETIREMENT PLAN				plan number	004
						10	(PN)	001
						16	Effective date of	•
		ponsor's name and add	dress; include room or suite num	ber (employer, if for a single-	-employer plan)	2b	Employer Identif	
						2c	Sponsor's telep	hone number
		ROUTE 59					845-624	4-1155
NANU	JET, N	IY 10954				2d	Business code ( 54191	
3a	Plan a	ndministrator's name an	ıd address XSame as Plan Spoi	nsor Name Same as Plar	n Sponsor Address	3b	Administrator's I	EIN
						30	Administrator's t	telephone number
							Administrator o t	terepriorie number
			plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b	EIN 13-41	50522
			nber from the last return/report. /E MARKETING SOLUTIONS, II	NC		4c	PN	001
			at the beginning of the plan year			5a		18
_			at the end of the plan year			5b		10
			• •	***************************************		30		4.4
			account balances as of the end c	of the plan year (defined bene	efit plans do not			11
		lete this item)			·	5c		11
_	Were	lete this item)e all of the plan's assets	during the plan year invested in	n eligible assets? (See instruc	ctions.)			
_	Were Are yo	lete this item)e all of the plan's assets ou claiming a waiver of	during the plan year invested in the annual examination and rep	n eligible assets? (See instructort of an independent qualific	ctions.)ed public accountant (IC	 (PA)		X Yes No
b	Were Are you	lete this item)e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in the annual examination and report (See instructions on waiver elig	n eligible assets? (See instruction of an independent qualification)	ctions.)ed public accountant (IC	 (PA)		11
b	Were Are you under If you	lete this item)e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467	during the plan year invested in the annual examination and repo (See instructions on waiver elig ther line 6a or line 6b, the plan	n eligible assets? (See instruction of an independent qualification of an independent qualification of an action of a cannot use Form 5500-SF	ctions.)ed public accountant (IC	PA) Form	5500.	Yes No  Yes No
b c	Were Are you under If you If the p	lete this item)e all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467 answered "No" to ei plan is a defined benefi	s during the plan year invested in the annual examination and repo (See instructions on waiver elig ther line 6a or line 6b, the plan it plan, is it covered under the PB	n eligible assets? (See instruction of an independent qualification of an independent qualification of an independent qualification of an independent use Form 5500-SF against 1860 against 1860 against 1860 against 1860 ag	ed public accountant (IC and must instead use ERISA section 4021)?	(PA) Form	5500. Yes No	X Yes No
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Da	ut III   Financial Information							
_	rt III Financial Information					(h) End of Voor		
7	Plan Assets and Liabilities	_	(a) Beginning of Yea			(b) End of Year 363459		
	Total plan assets	7a		0	+		0	
	Total plan liabilities	7b	31380				363459	
_	Net plan assets (subtract line 7b from line 7a)	7c		0				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
а	(1) Employers	8a(1)	(	0				
	(2) Participants	8a(2)	3848	6				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	4981	9				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					88305	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3344	5				
е	Certain deemed and/or corrective distributions (see instructions)	8e	494	5				
f	Administrative service providers (salaries, fees, commissions)	8f	174	4				
g	Other expenses	8g	(	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					38564	
i	Net income (loss) (subtract line 8h from line 8c)	8i					49741	
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2T 3B 3D	feature cod	les from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cteristi	ic Coo	les in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а				10a		Χ	0	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	nclude transactions reported	10b		X	0	
С					Χ		30000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bon	d, that was caused by fraud	10c		X	30000	
	or dishonesty?			10d			0	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all (instructions.)	of the bene	efits under the plan? (See	10e	X		1232	
f	,			10f		X	0	
					Χ			
g h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	10g		X	11456	
i	,	ne required	notice or one of the	10h		X		
Part	exceptions to providing the notice applied under 29 CFR 2520.101  VI Pension Funding Compliance	1-3		10i				
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	•						
11a	Enter the unpaid minimum required contribution for current year fro					11a	0	
12	Is this a defined contribution plan subject to the minimum funding						FRISA?   Yes   No	
. 4	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		01 30	OUOII .	002 UI	100 100	
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ıg amortize	d in this plan year, see instruc		and e	enter th	ne date of the letter ruling Year	
				<del></del>		Luy	1001	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.					

Page 3	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	<b>3c(2)</b> El	N(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Trust's EIN		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the instruc	tions to the Form 550	0-SF.		poonon
Part I Annual Report	Identification Information					
For calendar plan year 2013 or f		1/1/2013	and ending	1	2/31/2013	
A This return/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	oant plan
B This return/report is:	☐ the first return/report	the final return/report				
	an amended return/report	a short plan year return	/report (less than 12 m	onths)		
C Check box if filing under:	☑ Form 5558	automatic extension		•	☐ DFVC progra	ım
Check box if filling drider.	special extension (enter descri	LJ.				
D-411 Basia Blay Info	<u> </u>					
	ormation—enter all requested info	ormation		1h	Three-digit	
1a Name of plan	UTIONS, LLC 401(k) RETIRE	EMENT PLAN		"	plan number	001
DIGITAL WEDIA SOL	0110110, LEO 401(K) KETIKE				(PN) ▶	001
				1c	Effective date o	-
				L	1/1/2	
2a Plan sponsor's name and ac	ddress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi	fication Number 00824110
DIGITAL MEDIA SOLUT	IONS, LLO			20	· · · · · · · · · · · · · · · · · · ·	
233 WEST ROUTE 59				20	Sponsor's telep 84562	
	NY			2d		(see instructions)
NANUET 10954	INT					910
	ind address Same as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	EIN
ou i an administrative in the second	<u> </u>		•	<u> </u>		
				3с	Administrator's	telephone number
A If the name and/or EIN of th	e plan enongor has changed since the	he last return/report filed fo	or this plan, enter the	4h	FIN 134	4150522
name, EIN, and the plan nu	ne plan sponsor has changed since the umber from the last return/report.		r this plan, enter the	4b		4150522
name, EIN, and the plan nu a Sponsor's name INTER	imber from the last return/report. ACTIVE MARKETING SOLU	ITIONS, INC.		4c		4150522 001
name, EIN, and the plan nu a Sponsor's name INTER	imber from the last return/report.	ITIONS, INC.		4c		
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Pa	rt III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar		(b) End of Year		
а	Total plan assets	. 7a	3	1380	)8			363459
<u>b</u>	Total plan liabilities	7b			0			0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	3	1380	)8			363459
8	Income, Expenses, and Transfers for this Plan Year	TAKE N. A	(a) Amount				(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)			_   ;	dan b Sujiji		
	(2) Participants	8a(2)		3848	36			
	(3) Others (including rollovers).	8a(3)		0010	<u> </u>			
b	Other income (loss)	8b		4981	9			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<del>-</del>	88305
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3344	5			
е	Certain deemed and/or corrective distributions (see instructions)	8e		494				
f	Administrative service providers (salaries, fees, commissions)	8f		17	'4			
g	Other expenses	8g			0		en arasid As	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		41.				38564
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						49741
<u>j</u>	Transfers to (from) the plan (see instructions)	- 8j			0	ja inn		
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2T 3B 3D  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension 2E 2G 2D							
10	During the plan year:				Yes	No		Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		1		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		<b>√</b>		(
C	Was the plan covered by a fidelity bond?		***************************************	10c	<b>✓</b>			30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		1		(
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	✓			123:
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		✓	Ī	(
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	<b>✓</b>			1145
— h		(See instr	uctions and 29 CFR	10h		1		
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes / No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Yes 🗸 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and	enter ti Day	ne date of t	he letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedul				T	401		
b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2013	Page 3 -	_		
	Futurities are such a satisfacted by the complexes to the n	No for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line	e 12b. Enter the result (enter a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d	be met by the funding deadline?		Yes	N₀ N/A
Part	VII Plan Terminations and Transfers of	Assets			
13a	Has a resolution to terminate the plan been adopted in any	y plan year?	Y	es 🗙 No	
	if "Yes," enter the amount of any plan assets that rever	rted to the employer this year	13a		
b	Were all the plan assets distributed to participants or b of the PBGC?	peneficiaries, transferred to another plan, or brought under the	ne control		Yes X No
С	If during this plan year, any assets or liabilities were travhich assets or liabilities were transferred. (See instru	ansferred from this plan to another plan(s), identify the plan ections.)	(s) to		
1	3c(1) Name of plan(s):		13c(2) EIN	l(s)	13c(3) PN(s)
Part	Vill Trust Information (optional)				
14a Name of trust				st's EIN	

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